

# Allina Health

## 2019 Allina Health Pain Symposium: Pharmacy Updates

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## Agenda

- What is New with the MN Prescription Drug Monitoring Program (PDMP) and Accessing and Interpreting PDMP Data
- Counseling patients on safe medication storage and medication disposal
- Naloxone prescriptions
- What about CBD



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## Why Use the MN Prescription Drug Monitoring Program (PDMP)?

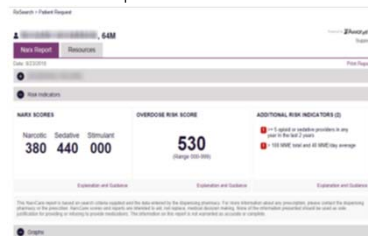
- A recent published study found that states with comprehensive mandates had an 8.92% reduction in the number of opioid prescriptions, in addition to 4.27% fewer hospital stays and 17.75% fewer emergency department visits related to opioid use. States with noncomprehensive mandates saw no reduction in these areas.<sup>1</sup>
- The researchers used opioid prescription data reported by states to the Centers for Medicare and Medicaid Services and opioid-related hospital data from the Agency for Healthcare Research, and Quality's Healthcare Cost and Utilization Project. The data analyzed was from the first quarter of 2011 to the last quarter of 2016.<sup>1</sup>
- Source: 1. Comprehensive Mandates for Prescription Drug Monitoring Programs Reduce Opioid Prescriptions and Hospital Use. WCM Newsroom. <https://news.well.comell.edu/2019/09/comprehensive-mandates-for-prescription-drug-monitoring-programs-reduce-opioid/>. Published September 3, 2019.



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## What's New with the MN Prescription Monitoring Program (PDMP AwarxE)?

- In 2019 the MN Board of Pharmacy moved to using a new data clearinghouse to manage their PDMP data. Providing more detailed reporting and patient risk scores.
- The NarxCare report has patient risk scores by controlled substance. NarxCare automatically analyzes PMP data, generates interactive report with visual data to help users understand the patients controlled substance use and overdose risk.



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## NarxCare Report Details

- Every NarxCare report includes patient specific use scores for narcotics, sedatives, and stimulants. These scores are based on a complex algorithm with up to 20 time-weighted measurement points. The scores range from 000-999, with higher scores equating to higher numbers of prescribers, Morphine Milligram Equivalent (MME), pharmacies, and overlapping prescriptions.
- An Overdose Risk Score (ORS) is available that was developed using advanced data science. This risk score ranges from 000-999 with higher scores equating to increased risk of unintentional overdose. Currently, based on PDMP data, using the # of pharmacies, MME, # of prescribers, use of opioids and sedatives and prescriber usage. Patients with a score over 650, should be prescribed naloxone.
- A Resources section provides tools that enable providers to link patients with treatment and easily obtain information documents that may be helpful as reference material or patient handouts.
- NarxCare User Guide: <http://pmp.pharmacy.state.mn.us/assets/files/AWARxE%20Files/MN%20Requestor%20User%20Support%20Manual-V3.pdf>

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## Accessing and Interpreting PDMP Data

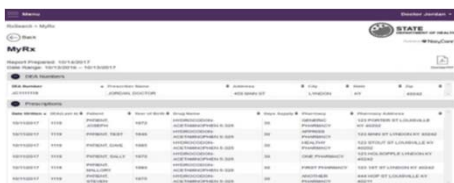
- Once in the PMP, click **Menu**, select the **RxSearch** tab, then choose **Patient Request**.
- Enter search criteria.
- At a minimum, you must provide:
  - First name (full or partial\*)
  - Last name (full or partial\*)
  - Date of birth (must be in MM/DD/YYYY format)
  - Prescription fill dates (must be in MM/DD/YYYY format)
- And then for better searches and outstate data include:
  - Patient home zip code
  - Pick nearby states to collect additional non MN data by adding states to search in the PMP Interconnect Search.



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## PDMP Frequently Asked Questions and Answers

- Q - Can a provider access data from other states?
- A - Yes the PMP is now connected to other states through PMPInterconnect.
- Q - Can a provider search for prescriptions dispensed with my DEA#? I am worried about a recent potential forgery.
- A - Yes, after logging into the database you can select "My Rx" this will allow you to enter a timeframe and see what prescriptions were dispensed under that DEA#.



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## Counseling patients on safe medication storage

- Store opioids in their original package, keeps the prescription information with directions for use and has the expiration date.
- Keep opioids in a secured cabinet or lockbox away from family members, house guests and household vendors (carpet cleaners, etc).
- Use metered pill dispenser system with a timer or a smartphone-enabled pill box to stay on track with doses due, prevent accidental overdose, and lock with it is not doing time and to keep other out of the pills



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## Counseling Patients on Safe Medication Disposal

Research shows that 50 percent of Americans don't know how to safely get rid of their left over drugs after their treatment is complete.

### Methods of Medication Disposal:

- Medication drop off locations in police and sheriff offices** – use the Allina patient handout called "SMARxT DISPOSAL" listing a drop off location for all counties for which Allina has a facility. There are also mail-back programs.
- Medication drop off locations at pharmacies**
  - Patients can now drop off unused medications at all 15 Allina Health retail pharmacies. The green Consumer Drug Take-Back boxes can take back OTC, prescription and controlled substance medications. Sharps and illegal substances (including medical cannabis) cannot be dropped off.
- Medication self disposal kits for home disposal** – There are drug deactivation packets which uses a molecular adsorption technology to neutralize active chemicals in prescription drugs when water is added.
  - Patients can purchase the packets at Allina Health retail pharmacies



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## Naloxone: The Opioid Reversal Drug that Saves Lives

- Naloxone can reverse the life-threatening respiratory depression associated with opioid overdose.
- A variety of naloxone products (nasal spray, injection, auto-injector) are available to respond to an overdose. Most health insurance plans, including Medicaid and Medicare plans, will cover at least one form of naloxone.
- You can help expand naloxone access and awareness by co-prescribing naloxone for certain patients who get opioids for pain management and who may be at-risk for an opioid overdose.
- According to the CDC, patients taking opioid dosages at or above 50 MME/day are twice as likely to overdose as those taking dosages of 20 MME/day, and the risk further increases as the MME/day increases.
- Your action to prescribe can help ensure your high-risk patients have naloxone more readily available to them, and, when needed, to their families and caregivers.



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## When to Co-Prescribe Naloxone?

- In order to reduce the risk of overdose deaths, clinicians should strongly consider prescribing or co-prescribing naloxone, and providing education about its use for the following patients who are at risk of opioid overdose.
- Patients that:
  - Are receiving opioids at a dosage of 50 morphine milligram equivalents (MME) per day or greater (the CDC's MME calculator can be accessed here).
  - Have respiratory conditions such as chronic obstructive pulmonary disease (COPD) or obstructive sleep apnea (regardless of opioid dose).
  - Have been prescribed benzodiazepines (regardless of opioid dose).
  - Have a non-opioid substance use disorder, report excessive alcohol use, or have a mental health disorder (regardless of opioid dose).
- Source: <https://www.hhs.gov/opioids/sites/default/files/2018-12/naloxone-coprescribing-guidance.pdf>



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## What About CBD?



- Cannabidiol (CBD) have been shown to reduce inflammation, convulsions, anxiety and nausea.<sup>1</sup>
- The FDA has not approved the use of CBD as a dietary supplement or food additive.<sup>2</sup>
- There is a prescription CBD (schedule V) called Epidiolex® that comes as a 100 mg/ml oral solution indicated for seizures in Lennox-Gastaut syndrome and severe myoclonic epilepsy in infancy in those 2 years of age or older.
- Not just a simply supplement as drug interactions exist, as CBD is metabolized by CYP P450 enzymes 1A2, 2C9, 2D6, 2C19 and 3A4. Medications that inhibit or induce these enzymes could lower/increase CBD levels.
- A 2017 study published in JAMA found only 26 of 84 CBD oil samples, tinctures, and vaporization liquids purchased online contained the amount of CBD claimed on their labels. 18 of 84 samples contained THC levels possibly high enough to result in intoxication and approximately 25% had less CBD than advertised.

### References:

- Americans for Safe Access 2018 – Guide to using medical cannabis, Cannabis 101. [www.safeaccessnow.org/usingmedicalcannabis](http://www.safeaccessnow.org/usingmedicalcannabis)
- FDA Regulation of Cannabis and Cannabis-Derived Products: Questions and Answers. FDA. <https://www.fda.gov/NewsEvents/PublicHealthFocus/ucm421168.htm#farmbill>. Updated: April 2, 2019.
- Born-Miller MO, Loflin MJE, Thomas BF, Marcu JP, Hyke T, Vandrey R. Labeling Accuracy of Cannabidiol Extracts Sold Online. JAMA. 2017;318(17):1708-1709.

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### What is the role of CBD in Heroin users?

- A recent exploratory trial by Hurd and colleagues found Cannabidiol (CBD; Epidiolex) reduced opioid cravings and anxiety among heroin users, suggesting it may have a role in curbing addiction.<sup>1</sup>
- Compared with placebo, once daily CBD 400 or 800 mg diminished cue-related cravings and anxiety among people who had heroin use disorder.
- Craving scores significantly increased during the heroin cues (syringes, heroin looking powder) and were unchanged during the neutral cues. Both 400 mg and 800 mg of CBD reduced cue-induced cravings and anxiety; these effects were most prominent 1 to 2 hours after CBD first was administered. Heroin cues also increased physiological measures of stress reactivity like heart rate, blood pressure, and cortisol levels - which CBD reduced.
- Hurd and colleagues will start human imaging studies soon to see how CBD affects craving and anxiety. Larger, longer clinical trials also are needed: *"We're hypothesizing that CBD will decrease relapse, but we need to see whether it does long-term."*
- Reference: 1. Hurd Y, et al "Cannabidiol for the reduction of cue-induced craving and anxiety in drug-abstinent individuals with heroin use disorder: A double-blind, randomized, placebo-controlled trial" Am J Psychiatry 2019; DOI: 10.1176/appi.ajp.2019.18101191.

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### CBD in MN and When?



- **Q: Are products that contain CBD derived from hemp legal to sell under Minnesota state law?**
- **A:** Effective January 1, 2020, products containing CBD derived from hemp can be legally sold under Minnesota state law only if all the conditions below are met.
- The product has been tested by an independent, accredited laboratory (using generally accepted standards for herbal and botanical substances) to confirm that the product: contains the amount or percentage of cannabinoids that is stated on the label of the product;
  - ✓ does not contain more than trace amounts of any pesticides, fertilizers, or heavy metals; and
  - ✓ does not contain a delta-9 tetrahydrocannabinol concentration that exceeds the concentration permitted for industrial hemp 0.3%
- The product bears a label that contains, at a minimum:
  - ✓ the name, location, contact phone number, and website of the manufacturer of the product;
  - ✓ the name and address of the independent, accredited laboratory used by the manufacturer to test the product;
  - ✓ an accurate statement of the amount or percentage of cannabinoids found in each unit of the product meant to be consumed; and
  - ✓ a statement stating that the product does not claim to diagnose, treat, cure, or prevent any disease and has not been evaluated or approved by the United States Food and Drug Administration (FDA) unless the product has been so approved.
- The information required to be on the label must be prominently and conspicuously placed and in terms that can be easily read and understood by the consumer.
- The label must not contain any claim that the product may be used or is effective for the prevention, treatment, or cure of a disease or that it may be used to alter the structure or function of human or animal bodies, unless the claim has been approved by the FDA.

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Thank you!

Are there any questions?



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